

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

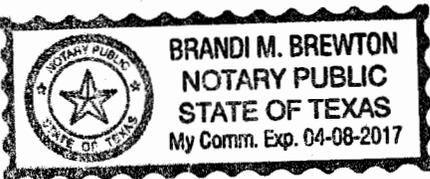
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
		BY: _____ STEVE RABURN ELECTIONS ADMINISTRATOR 2011 JAN 21 PM 12:13 TARRANT COUNTY FILED

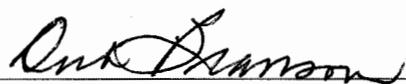
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 580 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

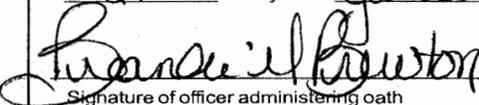


AFFIX NOTARY STAMP / SEAL ABOVE



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Aub Bransom, this the 21 day of January, 20 14, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Brandi M. Brewton
 Printed name of officer administering oath

Admin. Secretary
 Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME D.W. "DUB" BRANSON, JR		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/16/13		5 Payee name Castleberry Athletic Booster			
6 Amount (\$) 65. ⁰⁰		7 Payee address; City; State; Zip Code PO Box 10063 RIVER OAKS, TX 76114			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8/16/13		Payee name AZLE WOMAN'S BUSINESS ASS'N			
Amount (\$) 100. ⁰⁰		Payee address; City; State; Zip Code P.O. Box 613 AZLE, TX 76020			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION		Description (If travel outside of Texas, complete Schedule T) Shoes for kids	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/17/13		Payee name White Settlement Chamber			
Amount (\$) 15. ⁰⁰		Payee address; City; State; Zip Code 8224 White Settlement Rd. Ste 100 White Settlement, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Dues		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/5/13		Payee name Chute 2 Prod			
Amount (\$) 350. ⁰⁰		Payee address; City; State; Zip Code LAKE WORTH LIONS CLUB SPRINGTOWN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

FILED
 TARRANT COUNTY
 2014 JAN 21 PM 2:13
 ELECTIONS ADMINISTRATION
 STEVE RABINOFF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

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1 Total pages Schedule F:		2 FILER NAME D.W. "DUB" BRANSOM, JR		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/13		5 Payee name Lake Worth Historical Ass'n			
6 Amount (\$) 50⁰⁰-		7 Payee address; City; State; Zip Code Lake Worth, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation		(b) Description (If travel outside of Texas, complete Schedule T) In memoria	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held

FILED
 TARRANT COUNTY
 2013 JAN 1 PM 12:13
 ELECTIONS SYSTEMS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED